

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>A.S.</i>	<i>48</i>	<i>10/31/02</i>
O.I.P.E. CLASSIFIER			<i>11/15/02</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>7/4/01</i>	<i>12/12</i>

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 .- ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
1	
2	
3	
4	
5	
6	
7	
8	
9	✓
10	0
11	1
12	
13	
14	
15	
16	0
17	✓
18	0
19	
20	
21	
22	0
23	✓
24	0
25	
26	
27	
28	
29	
30	
31	0
32	✓
33	✓
34	0
35	✓
36	0
37	0
38	✓
39	0
40	
41	
42	
43	
44	0
45	✓
46	0
47	
48	
49	
50	✓

Claim	Date
Final	
Original	
51	
52	
53	
54	
55	0
56	0
57	0
58	0
59	✓
60	✓
61	
62	0
63	
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68	0
69	✓
70	0
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74	0
75	✓
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84	0
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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